



**APPLICATION FOR EMPLOYMENT**  
State Form 22477 (R14 / 1-03)  
**AN EQUAL OPPORTUNITY EMPLOYER**

- INSTRUCTIONS:** 1. Please type or print legibly in black ink.  
2. All areas must be completed for consideration.  
3. Return completed form to the agency specified on the Job Bank by the closing date.  
4. MMDDCCYY stands for month, date, century and year.

TITLE OF POSITION	JOB CODE
AGENCY NAME	
POSTING NUMBER	

Applicant Personal Data						
Name of applicant (last, first, middle)					(For office use only) Applicant ID	
Mailing address (number and street)						
City		County		State		Zip Code
Date of Birth (MMDDCCYY) (If under 18 years)				Highest Education Level:		
Eligible to work in U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No		Area code and telephone: (Home) ( )			Additional Telephone: ( )	
The State is requesting your Social Security number under authority of IC 4-1-8 to accomplish statutory purposes. Disclosure is mandatory and this form cannot be processed without it.					Social Security Number:	
<b>Status</b> Are you currently a state employee? <input type="checkbox"/> Yes <input type="checkbox"/> No  Have you been previously employed by the State of Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Referral Information:</b> How did you find out about this employment opportunity with the State of Indiana? Please check appropriate box on the right. <input type="checkbox"/> Job Bank <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Job Fair <input type="checkbox"/> Other (Please Explain)				
Dates Employed (MO/YR):		Mark type(s) of employment acceptable to you: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary				
Education						
List below all high schools and post high schools attended. A copy of applicable transcripts may be required. (Transcripts and GED certificate are required for all Indiana State Police positions.)						
Name/Location of School	From (MO/YR)	To (MO/YR)	Fields of Study	Number of Semester Hours Completed	Number of Quarter Hours Completed	Diploma (GED) or type of Degree
(For Office Use Only) When education verification completed please sign and date here for verification:						
Specialized Training or Classes Relevant to the Job						
Title of Specialized Courses		Company/School		Dates Attended		Credits Earned
Criminal Record					Sign below that Criminal History Check has been completed.	
Have you ever been convicted of a crime, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide information regarding the conviction (offense, date, sentence) on a separate, attached sheet.			Notice: A "yes" response will not necessarily eliminate you from consideration for employment.		(For Office Use Only)	
Professional Certification						
Are you currently certified, registered, or licensed in any profession in Indiana? (If yes, give complete information, including any license or registration number, and attach a copy of certificate if related to the position for which you are applying). <input type="checkbox"/> Yes <input type="checkbox"/> No			License Type and Registration Number		Date of issue (MMCCYY)	Expiration Date (MMCCYY)
(For Office Use Only) When verification completed sign and date here for verification:						

**Work Experience**

1. List below, beginning with your most recent position, **all of your work experience**, including military service (specify highest rank held) and all volunteer activities. Attach additional 8-1/2" x 11" sheets of paper if necessary.
2. **If your title and duties changed substantially in the course of your service in any one organization, indicate such changes clearly and as separate employment.**
3. Be sure that to include current employment in State of Indiana government (if applicable).
4. **Experience that cannot be confirmed is not acceptable.**
5. **Please do not submit a resume for this portion of the application.**

Title of present or previous job:	From (MMDDCCYY):	To (MMDDCCYY):	Approximate number of hours worked per week:
Name of Employer / Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of Supervisor / Title:		Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:	Final Salary \$ Per		(For Office Use Only) Employment Verified by:
Title of present or previous job:	From (MMDDCCYY):	To (MMDDCCYY):	Approximate number of hours worked per week:
Name of Employer / Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of Supervisor / Title:		Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:	Final Salary \$ Per		(For Office Use Only) Employment Verified by:
Title of present or previous job:	From (MMDDCCYY):	To (MMDDCCYY):	Approximate number of hours worked per week:
Name of Employer / Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of Supervisor / Title:		Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:	Final Salary \$ Per		(For Office Use Only) Employment Verified by:
Title of present or previous job:	From (MMDDCCYY):	To (MMDDCCYY):	Approximate number of hours worked per week:
Name of Employer / Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of Supervisor / Title:		Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:	Final Salary \$ Per		(For Office Use Only) Employment Verified by:
Have you ever been discharged by any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

References (Please do not list relatives as references)		
Name of Reference	Area Code and telephone number (     )	
Address (number and street, city, state, zip code)		
Name of Reference	Area Code and telephone number (     )	
Address (number and street, city, state, zip code)		
Name of Reference	Area Code and telephone number (     )	
Address (number and street, city, state, zip code)		
Name of Reference	Area Code and telephone number (     )	
Address (number and street, city, state, zip code)		
(For Office Use Only) When reference check verification completed sign and date here for verification:		
Veteran Preference for Merit Positions		
If you wish to claim Veteran's Preference Points, please indicate the applicable eligibility below and submit the required documentation with your application. Preference points will not be granted unless the documentation is submitted with your application.		
<input type="checkbox"/> Veteran (Submit DD Form 214) <input type="checkbox"/> War Veteran (Submit DD Form 214) <input type="checkbox"/> Disabled Veteran (Submit DD Form 214 and Disability Claim Certificate) <input type="checkbox"/> Spouse of Disabled Veteran (Submit DD Form 214, Disability Claim Certificate, and Marriage Certificate) <input type="checkbox"/> Unremarried Spouse of Deceased Veteran (Submit DD Form 214, Marriage Certificate, and Death Certificate)		
Military Status		
<input type="checkbox"/> Active	Branch	
<input type="checkbox"/> Discharged	Rank	
<input type="checkbox"/> Reserve	Entry Date	Exit Date
(For Office Use Only) When military status verification completed sign and date:		
Certificate of Applicant and Authorization of Reference and / or Employment Verification		
I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that should investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position in State employment. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This information is to be used for possible employment with the State of Indiana.		
Signature of Applicant		Date Signed

<b>Privacy Notice</b>	The State is requesting your Social Security number under authority of IC 4-1-8 to accomplish statutory purposes. Disclosure is mandatory and this form cannot be processed without it		Social Security Number
	<b>Equal Employment Opportunity Information</b> The following information is requested in order to ensure equal employment opportunity and for record keeping purposes only. Disclosure is completely voluntary. Your application will not be rejected if you choose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process.		
<b>Part 1 – Race</b>			
Check One: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify) _____			
<b>Part 2 – Sex (Gender)</b>		<b>Part – 3 Age</b>	
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female		Are you over 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Part 4 – Disability</b>			
The government defines an individual with a disability as any person who: <ol style="list-style-type: none"> <li>has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working);</li> <li>has a record of such impairment; or</li> <li>is regarded as having such an impairment.</li> </ol>			
In accordance with this definition, do you regard yourself as an individual with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## **IMPORTANT INFORMATION – READ CAREFULLY**

- It is important for you to submit your application directly to the agency indicated on the Job Bank. Failure to submit your application to the appropriate agency will result in your application being returned to you.
- **It is important to complete all appropriate sections of the application. Your application may also be returned to you for the following reasons:**
  - job title / code and posting number not indicated
  - incomplete conviction information
  - no signature
  - no Social Security number
- All information requested on this form is necessary for the administration of State Personnel statutes, including IC 4-15. It will be used only to determine employment selection.
- Your name will be removed from the active merit register for reasons specified in 31 IAC 2-6-3, which include:
  - ❖ failure to reply to a letter regarding consideration for appointment within five (5) working days, or to a telegram within twenty-four (24) hours; and/or
  - ❖ failure to appear for a scheduled interview, failure to accept appointment when offered, waiver of an offer of a position, or failure to report for duty by the prescribed time; and/or
  - ❖ declining salary offered or inability to work prescribed hours.
- Please include only the documentation required by this application. Any additional information not requested for this application will be disregarded. Please retain a copy of your application and any supplemental documents provided.

**Thank you for your interest in employment with the State of Indiana!**